### Edgar Filing: HNI CORP - Form 4

HNI CORP Form 4 February 16, 2007 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section									N OMB Numbe Expires Estimat burden respons	January 31, 2005 ted average hours per		
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940 1(b).												
(Print or Type	e Responses)											
ELLSWORTH MELINDA C Symbo				ssuer Name <b>and</b> Ticker or Trading bol I CORP [HNI]				5. Relationship of Reporting Person(s) to Issuer				
(Last)				3. Date of Earliest Transaction (Month/Day/Year) 02/15/2007				(Check all applicable)				
								Director       10% Owner         Officer (give title       Other (specify below)         VP, Treas. & Inv. Rel.				
Filed(M			Amendment, Date Original (Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
Person												
(City) 1.Title of Security (Instr. 3)	(State) 2. Transaction Date (Month/Day/Year)	(Zip) 2A. Deeme Execution any (Month/Da	Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)			quired, Disposed 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	icially Owned 7. Nature of Indirect Beneficial Ownership (Instr. 4)				
G				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	. ,			
Common Stock	02/15/2007			А	296 <u>(1)</u>	А	\$ 49.055	2,204.349	D			
Common Stock	02/15/2007			F	104	D	\$ 49.055	2,100.349	D			
Common Stock	02/15/2007			А	509 <u>(2)</u>	А	\$ 49.055	2,609.349	D			
Common Stock	02/15/2007			F	179	D	\$ 49.055	2,430.349	D			
Common Stock								679.3908	I	Profit-Sharing Retirement		

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	<b>T1</b> 1	or		
						Exercisable	Date	Title	Number		
				<b>C</b> 1 1					of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Addres	s	Relationships							
	Director	10% Owner	Officer	Other					
ELLSWORTH MELINDA C 408 EAST SECOND STREE MUSCATINE, IA 52761			VP, Treas. & Inv. Rel.						
Signatures									
/s/ Melinda C. Ellsworth	02/16/2007								

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) These shares of stock were granted under the HNI Corporation ERISA Supplemental Retirement Plan for the fiscal year ending 2006 and issued pursuant to the HNI Corporation amended and restated Stock-Based Compensation Plan.
- (2) These shares of stock were granted under the HNI Corporation Long-Term Performance Plan for the three-year period 2004-2006.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

\*\*Signature of Reporting

Person